

Attorney or Party Name, Address, Telephone & FAX Numbers, and California State Bar Number RAFFI KHATCHADOURIAN (SBN: 193165) PAMELA L. COX (SBN 191883) HEMAR, ROUSSO & HEALD, LLP 15910 VENTURA BLVD., 12TH FLOOR ENCINO, CA 91346 818 501-3800 818 501-2985 193165	FOR COURT USE ONLY
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA	
In re: CECILIA D. NUDELMAN          Debtor.	CASE NUMBER 03-37237  HEARING DATE: November 19, 2008 TIME: 1:30 p.m. PLACE: Courtroom 1639

### MOTION FOR ORDER RELEASING UNCLAIMED FUNDS

I, under penalty of perjury under the laws of the United States of America declare (or certify, verify, or state) that the following statements and information are true and correct:

1. I request an order releasing the total amount of \$ 15,163.76 which is the sum of all monies deposited with the court on the following date(s) May 5, 2008 on behalf of the creditor PACIFIC WESTERN BANK on claim number(s) 4-1

2. Please check and complete the applicable subparagraph(s) below:

☐ a. I am the creditor named in paragraph 1.

☒ b. I am an employee of the creditor named in paragraph 1 and my title is Senior Vice President. The creditor is still legally entitled to the monies and I am authorized by the creditor to this petition. Submit evidence establishing authority to act on behalf of creditor.

☐ c. I am the creditor and have appointed \_\_\_\_\_ as my lawful attorney-in-fact who is duly authorized by the attached original power of attorney to file this motion.

☐ d. Subparagraphs a, b, and c above do not apply, but I am entitled to payment of such monies because (submit evidence establishing basis for right to obtain payment).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Continued on next page)

CALENDAR

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3. Please complete each of the following subparagraphs:

- a. The following is the creditor's address and phone number:

Pacific Western Bank

10450 Pioneer Blvd.

Unit 6

Santa Fe Springs, CA 90670

- b. A brief history of the creditor (from the filing of the claim to the present) which includes, if applicable, identification of any sale of the company and the new and prior owner(s). Submit evidence establishing the sale of the company from the prior to the new owner(s):


N/A

4. I understand that, pursuant to 18 U.S.C. § 152, I may be fined or imprisoned, or both, if I have knowingly and fraudulently made any false statements in this document.

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(Corporate Seal

if applicable)

  
Creditor

RENE GARCIA, SENIOR VICE PRESIDENT

Type or Print Creditor's Name

PACIFIC WESTERN BANK

Creditor's Address

10450 PIONEER BLVD., UNIT 6

SANTA FE SPRINGS, CA 90670

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

On \_\_\_\_\_ before me, personally appeared *(insert name and title of the signer)*

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.

*See attached Acknowledgment*

(SEAL)

Notary Public

My commission expires on \_\_\_\_\_

STATE OF CALIFORNIA  
COUNTY OF LOS ANGELES

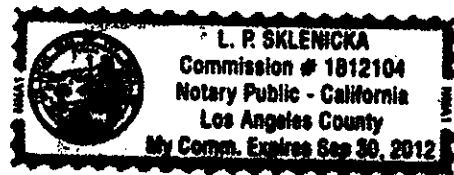
On October 10, 2008 before me, L.P. Sklenicka, notary public, personally appeared  
\*\*\* Rene Garcia \*\*\*

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature (s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

L.P. Sklenicka  
Notary Public



My Commission Expires on September 30, 2012

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\_\_\_\_\_  
*Signature of Attorney/Attorney-in-Fact (if appointed)*

\_\_\_\_\_  
*Type or Print Name*

\_\_\_\_\_  
 Address

\_\_\_\_\_

\_\_\_\_\_

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

On \_\_\_\_\_ before me, personally appeared *(insert name and title of the signer)*

\_\_\_\_\_

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.

(SEAL)

\_\_\_\_\_  
*Notary Public*

My commission expires on \_\_\_\_\_

Presented by:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In re CECILIA D. NUDELMAN

CHAPTER 7

CASE NUMBER

Debtor.

2:03-bk-37237-EC

## PROOF OF SERVICE

I hereby certify under penalty of perjury under the laws of the United States of America that on October 17, 2008, I mailed in a sealed envelope, with postage thereon fully prepaid, a fully completed true and correct copy of the document described as "Motion for Order Releasing Unclaimed Funds" to the United States Attorney, United States Trustee, and other persons and entities required to be served by Local Bankruptcy Rule 3011-1(b) and addressed as follows:

U.S. Trustee  
725 S. Figueroa Street, 26th Floor  
Los Angeles, CA 90017

Please insert the name and address of the trustee appointed in the case and the trustee's counsel, if any:

Edward M. Wolkowitz  
ROBINSON, DIAMANT & WOLKOWITZ  
1888 Century Park East, #1500  
Los Angeles, CA 90067

Please insert the name and address of the Debtor, Debtor in Possession, reorganized Debtor, or other fiduciary appointed to supervise the distribution of funds and assets of the estate (if not the claimant) and their counsel, if any:

Cecilia D. Nudelman  
1320 Princeton St., #208  
Santa Monica, CA 90404

Paul A. Beck, Esq.  
611 West 6th Street, Suite 2620  
Los Angeles, CA 90017

If Movant is not the original creditor or an employee thereof, please insert the name and address of the original creditor and the creditor's counsel, if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

October 17, 2008  
Date

  
Signature

LISA FIELDS  
Type or Print Name